

Case Number:	CM13-0024747		
Date Assigned:	11/20/2013	Date of Injury:	05/26/2011
Decision Date:	02/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57-year-old female with a date of injury on 5/26/11. In his 8/16/13 report, [REDACTED] presents the patients' diagnoses as: spondylosis, cervical w/o myelopathy; chronic pain due to trauma; neck pain; COAT; facet arthropathy; myalgia and myositis, unspecified; headache; and muscle spasms. The patient had surgery for rotator cuff and left shoulder bone spur shave in 2012. The patient complains of moderate to severe pain that fluctuates, but persistent in the lower back that radiates down the right thigh into the calf. The patient also experiences neck pain that radiates down both arms. [REDACTED] states on his notes active trigger points "as defined by California Chronic Pain Medical Treatment Guidelines". An MRI of the cervical spine from 9/16/11 that describes a broad-based posterior disc osteophyte complex measuring up to 5-6 mm that indents the anterior thecal sac and is close to touching the ventral surface of the cervical spinal cord. [REDACTED], neurology and psychiatry, conducted an EMG (electromyogram and nerve conduction) study of the patient's upper extremities on 6/14/13 and confirmed R CTS, but no evidence of cervical radiculopathy that might contribute the patient's upper extremity symptoms. On his 7/24/13 report, [REDACTED] reports marked cervical dystonia and asserts that due to the failure of physical therapy and multiple medications, he recommends a Botox injection of 30 units. [REDACTED] comments on [REDACTED] findings in his 8/16/13 by stating he will request the Botox injection and request a TPI essentially as an alternative, if the Botox is denied. [REDACTED] noted on his 7/19/13 report that he would request authorization for a follow-up visit to [REDACTED]. A Utilization Review determination dated 9/5/13 by [REDACTED] recommended denial of 300 unit Botox injection, an unknown trigger point injection, and 1 follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 300 units of Botox injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical Dystonia Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Back Chapter (updated 12/16/13).

Decision rationale: California Chronic Pain Medical Treatment Guidelines, indicate that Botox injections may be appropriate for cervical dystonia, but not recommended for chronic neck pain; myofascial pain syndrome; & trigger point injections. The neurologist diagnoses this patient with cervical dystonia on his 7/24/13 report. However, this is a neurological disorder that is "not generally related to workers' compensation injuries "(MTUS-Chronic Pain, pg. 26). Since causation is not in the scope of authority for IMR and MTUS guidelines do not provide guidance on the criteria used to apply for work related injuries involving cervical dystonia, the ODG - Neck and Shoulder Chapter was applied, which, amongst other criteria, requires that "alternative causes of symptoms have been considered and ruled out, including chronic neuroleptic treatment, contractures, or other neuromuscular disorders." There is no evidence this criteria has been met and it appears this patient's primary problems are chronic neck pain and myofascial pain, which is consistent with [REDACTED] findings of trigger points bilaterally on the trapezius muscle. All of the criteria for Botox injections related cervical dystonia have not been met and to injections are not recommended for [REDACTED] diagnosis of trigger points. Recommendation is for denial

Unknown trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Myofascial pain syndrome Page(s): 122.

Decision rationale: California Chronic Pain Medical Treatment Guidelines, indicate that Botox injections may be appropriate for cervical dystonia, but not recommended for chronic neck pain; myofascial pain syndrome; & trigger point injections. The neurologist diagnoses this patient with cervical dystonia on his 7/24/13 report. However, this is a neurological disorder that is "not generally related to workers' compensation injuries "(MTUS-Chronic Pain Treatment Guideline, pg. 26). Since causation is not in the scope of authority for IMR and MTUS guidelines do not provide guidance on the criteria used to apply for work related injuries involving cervical dystonia, the ODG (Official Disability Guidelines) -Neck and Shoulder Chapter was applied, which, amongst other criteria, requires that "alternative causes of symptoms have been considered and ruled out, including chronic neuroleptic treatment, contractures, or other neuromuscular disorders." There is no evidence this criteria has been met and it appears this

patient's primary problems are chronic neck pain and myofascial pain, which is consistent with [REDACTED] findings of trigger points bilaterally on the trapezius muscle. All of the criteria for Botox injections related cervical dystonia have not been met and to injections are not recommended for [REDACTED] diagnosis of trigger points. Therefore the request for Unknown trigger injections is not medically necessary or appropriate.